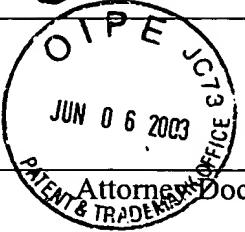


6-9-3

 <b>30623</b> <small>PATENT TRADEMARK OFFICE</small>	 Express Mail Label No. EV230283014US Date of Deposit: June 6, 2003
Attorney Docket No. 07473-032	

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lawrence M. Sherman  
 For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE  
 INSURANCE  
 Serial No.: 09/780,266  
 Filed: February 9, 2001  
  
 Examiner: Not Assigned  
 Art Unit: 2161

MS: RESPONSE (FEE)  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

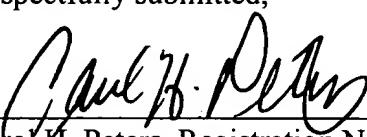
Sir:

Transmitted herewith for filing in the above-identified application are the following documents:

1. Preliminary Amendment;
2. Fee Calculation for Submission of Additional Claims; and
3. Return Post Card.

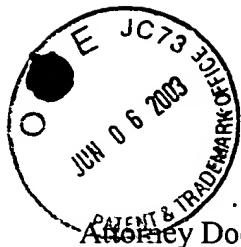
A check in the amount of \$342.00 is enclosed for payment of the requisite fee for filing additional claims. The Commissioner is hereby authorized to charge any additional fee, or to refund any overpayment, to Deposit Account No. 50-0311, Referencing Attorney Docket No. 07473-032. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

  
 Carol H. Peters, Registration No. 45,010  
 Mintz, Levin Cohn, Ferris,  
 Glovsky and Popeo, P.C.  
 One Financial Center  
 Boston, Massachusetts 02111  
 Telephone 617/348-4914  
 Attorneys for Applicant

Date: June 6, 2003

**RECEIVED**  
 JUN 12 2003  
**GROUP 3600**



Express Mail Label No.: EV230283014US  
Date of Deposit: June 6, 2003

Attorney Docket No. 07473-032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman  
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE  
INSURANCE  
Serial No.: 09/780,266  
Filed: February 9, 2001

Examiner: Not Assigned  
Art Unit: 2161

MS: RESPONSE (FEE)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
JUN 12 2003  
GROUP 3600

FEE CALCULATION FOR SUBMISSION OF ADDITIONAL CLAIMS

Sir:

The Applicant calculates, as provided below, the statutory filing fee required with respect to the Preliminary Amendment submitted herewith.

**CLAIM FEE CALCULATION**

Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$710.00
Total Claims (37 C.F.R. 1.16(c))	58	- 20 =	38	\$ 18.00	684.00
Independent Claims (37 C.F.R. 1.16(b))	3	- 3 =	0	\$ 84.00	.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0		8	\$260.00	.00
TOTAL FEE					684.00
Reduction by 50% for filing by small entity:					<u>-\$342.00</u>
BALANCE DUE					342.00

The Commissioner is hereby requested to charge any additional fees or to refund any overpayment to the undersigned's Deposit Account No. 50-0311, referencing Attorney Docket No. 07473-032.

Respectfully submitted,

  
\_\_\_\_\_  
Carol H. Peters  
Registration No. 45,010  
Mintz, Levin, Cohn, Ferris,  
Glovsky and Popeo, P.C.  
One Financial Center  
Boston, MA 02111  
Telephone 617/348-4914  
Facsimile 617/542-6000  
Attorney for Applicants

Date: June 6 2003

TRA 1801527v1

6/17/03  
P/A  
4/A



 30623 PATENT TRADEMARK OFFICE	Express Mail Label No.: EV230283014US Date of Deposit: June 6, 2003
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Attorney Docket No. 07473-032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman  
Serial No.: 09/780,266  
Filing Date: February 9, 2001  
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE INSURANCE

Examiner: Unassigned  
Art Unit: 2161

Box RESPONSE (Fee)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination of the above-identified application, please amend the application as follows.

**RECEIVED**

JUN 12 2003

*Amendments to the Claims*

**GROUP 3600**

Cancellation of Claims Under Revised 37 C.F.R. § 1.121(c)

The Applicant respectfully requests cancellation of claim 1 from the present application without prejudice to the subject matter contained therein.

06/10/2003 MBIZUNES 00000064 09780266  
01 FC:2202 342.00 OP